Help Your Colleagues:

Ask, Advise, Refer Model

QUESTIONS:

1. What is the role of the health care provider in your “AAR” model?
2. How much assessment is expected of the health care provider before making the referral (e.g. readiness to quit, dependence levels)?
3. How is an assessment for pharmacotherapy completed?
4. Who is responsible for writing the prescription?
5. When tobacco users are referred to a program, what is the role of the program?

INDIANA

Marion County Health Department

The Ask, Advise and refer model is promoted in health department trainings since many providers still believe they don't have the 5 minutes it takes to complete the 5A's. The provider is encouraged to initiate the intervention by first “Asking” about tobacco use and then continues with the "Advising" to quit message. It is promoted as "Ask, Advise, Assess, Refer," since the provider completes the assessment. The provider supplies the patient with information on NRT and other medications either during the initial contact or after completing the assessment. Some physicians choose to move this step to support staff, such as nurses, educators, etc. If a prescription is needed, the physician must write it, unless there is a referral source with access to medications.

The role of the referral program can vary. Some programs offer to take the name and contact information from the referring provider and make contact with the patient. Sometimes, providers will simply give the patient local resources and hope that they contact the referral program on his/her own. The needs are very different for each community.

For more information, contact Lisa Smith, BS, CHES at (317) 221-2084 or LSmith@HHCorp.org

WASHINGTON D.C.

DC Tobacco-Free Families Campaign

The DC Tobacco-Free Families Campaign is in the second year of training healthcare providers (using the 5-A's) in a federally funded healthcare program for the medically under-served and Medicaid subscribers. The campaign partners with the quitline to provide free NRT to qualified callers. AHRQ materials are used for clinician training and clinicians are encouraged to ask their patients to call the quitline. The new AHRQ materials have the quitline number on them. Clinicians have a limited FREE supply of patches and lozenges available to their patients if they decide to give them to patients at the time of their visit. The biggest problem is high physician turnover. Additional trainings will have to be completed because there is so many new staff (out of 27 clinics, 10 clinic have trained staff).

For more information go to www.tobaccofreefamilies.org or contact Debra Annand at (202) 466-5864 x219 or dkannand@comcast.net

NEW JERSEY: TOBACCO CONTROL PROGRAM

Quit2Win

The goal is to educate health care providers about a 30 second alternative ("2As+R") to the 5 A's. The Quit2Win website contains materials that community partners use to address health care providers and that the providers can use with their patients. They can refer the client to the Quitline, Quitnet or Quitcenters. The goal is to have the provider aware that there are excellent resources available in the state that can make smoking cessation easier.

The health care provider is only expected to make a minimal assessment since a more in-depth assessment will be completed by the referral resource(s). Because there is a large shortage of provider time and training, additional resources are supplied to fill this gap. It is recommended, however, that the provider spend some time reviewing referral sites and resources to understand where they are referring patients and recognize the quality of these resources.

Quitcenters have physician access for the clients of the centers. Quitcenter responsibility is for tobacco dependence treatment. The prescription of pharmaceuticals is always a provider/patient issue although providers can receive guidance through state resources.

All prescriptions must come through the patient's primary care physician or another physician treating a specialized condition of the patient. In simple cases, the physician connected with the Quitcenter can write prescriptions.

The Quitline and Quitnet are sources of counseling and advice only. They do not write prescriptions or provide pharmaceuticals. The Quitcenters conducts in-person counseling and provides access to a physician. After the patient is assessed and if there are no additional medical considerations, the patient's physician(s) is contacted to decide on an appropriate course of treatment.

For more information: go to www.NJQuit2Win.com or contact Ed Kazimir, PhD at Edward.Kazimir@doh.state.nj.us

HAWAII: LOCAL CESSATION PROGRAMS

Tobacco Education & Assistance Program *(A Partnership with the University of Hawaii at Hilo)*
The role of the healthcare provider is to effectively advise patient to quit smoking by first delivering a simple message about continued smoking and future health, writing a prescription for Zyban®, NRT and/or Chantix™, and then referral to intensive treatment. Providers are not expected to assess willingness to quit. If the patient is not ready to quit, the intervention ends. When a patient is ready to quit, the provider has the information and tools to follow-up and can provide a referral for additional assistance to a cessation specialist.

We find that health care providers require tools they are comfortable with, namely CME training on pharmacological interventions for tobacco use, rather than counseling methods. Physicians with this training are able to ask how much a patient smokes and write an appropriate prescription. In addition, the CME training with pharmacology also teaches that tobacco dependence is a relapsing chronic medical condition that takes many interventions. Physicians are trained to consistently ask about tobacco use, and write appropriate prescriptions and referrals as needed, just like they would with diabetes and hyperlipidemia.

After the cessation specialist receives physician referrals, the patient is assessed for readiness to quit. For those who are ready to quit, they are enrolled into intensive treatment group programs and their

progress is monitored. For those who are not ready to quit, they are provided quitting information and invited to participate at a later date.

For more information, contact Cara Sadira at (808) 557-4838 or carasadira2000@yahoo.com

Community Clinic of Maui

The Health Care provider's role is to ASK ADVISE REFER to a tobacco treatment specialist (TTS). After the provider refers the patient to the cessation specialist, it is the provider's responsibility to determine if the medication recommended by the specialist is medically appropriate based on the patient's health status. He/she then writes a prescription for medications and/or NRT's. Most providers assess readiness to quit but generally do not assess dependence levels. The cessation specialist performs a more thorough assessment for pharmacotherapy and supplies a recommendation to the medical provider. The clinic provides the pharmacotherapy. The pharmacy first contacts the patient's insurance company to find out medication coverage. If the insurance company doesn't cover the cost or if the patient is uninsured, the clinic pays for the pharmacotherapy.

The role of the cessation program is to provide direct treatment for tobacco dependence, including behavioral health interventions for triggers of smoking, including depression, anxiety and stress, family issues, etc, as well as education about the dangers of smoking related to their health status, and the benefits of not smoking. The program also provides education and support for maintenance and relapse prevention. If a patient does relapse, treatment is continued.

For more information, contact Kelley Aiyana, LCSW, TTS at 808-872-4075 or Kelley@ccmaui.org

IOWA: TOBACCO PROGRAM

Iowa Department of Health, Division of Tobacco Use Prevention and Control

Providers have been trained this past year using the "2A's and a R" model. Providers are encouraged to talk to each patient about quitting, but the time to perform this intervention is limited. Providers are educated to ask about tobacco use as well as identify and document tobacco use status for each patient at every visit.

1. **Ask about tobacco use.** Ideally, health care practitioners should implement an office-wide system that ensures that tobacco use status is queried and documented at each visit.

2. **Advise to quit.** In a clear, strong and personalized manner, urge every tobacco user to quit. The provider should emphasize the importance of quitting before health problems arise or worsen, and tie tobacco use to current health/illness status, impact on children and others in the home, costs.

   Once the patient has been advised to quit, the provider is encouraged ask probing questions to determine readiness to quit before making a fax referral. This could be as simple as asking the patient, "How do you feel about quitting" or "Have you ever tried quitting before? How did it go?" In some cases, providers are encouraged to follow the "5 R's" to probe for a patient's readiness to quit, depending on how much time the provider has for addressing cessation. The provider is asked to only fax refer patients to the quitline who are in a stage where they are at least thinking about making a quit attempt in the near future.

3. **Refer patient to Quitline Iowa.** If a patient expresses an interest in quitting, the provider recommends participation with **Quitline Iowa**. The provider then asks the patient to sign a **fax referral form**, making sure the patient fills in contact information and preferred call-back times.

   Quitline Iowa will provide cessation assistance to adults and teens, including helping patient set a quit date and develop a quit plan. Quitline counselors will help identify strategies for coping with cravings,

withdrawal symptoms, smoking triggers, and other challenges, including providing information about pharmacotherapy. A variety of printed materials covering health information, quit tips, relaxation techniques, and other helpful advice can also be mailed to patients. In addition, Quitline counselors will identify and refer patients to other resources, such as community support groups or smoking cessation classes, for those patients who would prefer such services. If they say they are unwilling, provide motivational intervention, or **Quitline Iowa** brochure, and suggest they call to get more information; Quitline counselors can implement motivational interviewing to move patient further along the stages of change. The quitline will fax back to the provider an outcome form that indicates if the patient was successfully contacted, if he/she enrolled in quitline services, how many sessions he/she received, and his/her tobacco use status at the end of the sessions.

The quitline conducts an intake to determine readiness to quit as well as to determine if the patient would benefit from cessation medications. They provide only education, however, not dispensing medications. The patient's health care provider would be responsible for prescribing a cessation medication. This is an area that needs to be better addressed with Iowa providers in terms of how to fit it this into the "2A's and an R" model.

For more information, contact Aaron Swanson at (515) 281-5491 or aswanson@idph.state.ia.us

AMERICAN DENTAL HYGIENISTS' ASSOCIATION

ADHA Smoking Cessation Initiative

The registered dental hygienist incorporates the "2A's and an R" model at every patient encounter. Minimal assessment skills are required to perform this intervention. Primarily, the assessment is dependent on whether or not the tobacco user is willing to quit. At the very least, the hygienist provides a referral to the quitline to each tobacco user.

Presentations on the tobacco cessation guidelines have been provided in every ADHA district. Although not a formal component of the model, the ADHA Smoking Cessation Initiative provides detailed cessation pharmacotherapy information. The dentist, with encouragement and education provided from/by the hygienist prescribes appropriate pharmacotherapy. The role of the program that patients are referred to can vary depending on the quitline or whether or not a formal program is available to the hygienist for referral.

Overview of the Smoking Cessation Initiative

Step 1: Ask 1 min

- Systemically ask every client about tobacco use at every visit.
- Determine if client is current, former, or never tobacco user.
- Determine what form of tobacco is used.
- Determine frequency of use.
- Document tobacco use status in the dental record.

Step 2: Advise 1 min

- In a clear, strong, and personalized manner, urge every tobacco user to quit.
- Tobacco users who have not succeeded in previous quit attempts should be told that most people try repeatedly (on average 3 to 8 times) before permanent quitting is achieved. –Employ the teachable moment: link oral findings with advice.

Step 3: Refer 1 min

- Asses if client is interested in quitting. –Assist those interested in quitting by providing information on:

- Statewide or national quitlines, websites and local cessation programs.
- Use proactive referral if available
- Request written permission to fax contact information to a cessation quitline or program. Inform the client that cessation program staff will provide follow-up.
- Document referral on dental record.
- Use reactive referral – provide client with contact information
- Arrange follow-up at periodontal maintenance visit and/or schedule a phone call

www.askadviserefer.org: This is a valuable site for the dental hygienists for this national initiative. The results of the national practice impact survey are currently being analyzed. So far, the results look very promising. This initiative has proven to be a very user-friendly model and the hygienists appear to be embracing it.

For more information, contact Carol Southard RN, MSN at carols@adha.net

PENNSYLVANIA

WellSpan Cessation Program (Inpatient & Outpatient Setting)

Inpatient (hospital settings): For the most part, a tobacco cessation specialist will provide the intervention at a higher level of intensity and complete the 5 A's. If another healthcare provider (a physician or nurse) intervenes, the 3 A's are followed. Providers have been educated to make the referral for patients that are ready to quit. Dependence levels are addressed upon hospital admission with our tobacco use screen that includes a tobacco use history. A physician order is set for tobacco dependence treatment and is used by physicians to prescribe the associated medications. Levels of tobacco dependence are also assessed during the bedside consultation done by the specialist. Ultimately the physician prescribes medications, but tobacco cessation specialists and nurses can suggest their use. The role of the cessation program is to educate the patients about the impact of tobacco use for health, provide cessation advice, assess level of nicotine dependence, recommend appropriate pharmacotherapy and assist with procurement of written physician order and arrange follow-up, including adjunctive support with outpatient classes and the PA Quit line for additional intervention if appropriate.

Outpatient settings: Nurses and physicians are the primary providers of interventions in office settings. Providers have been educated to discriminate when making the referral and only refer patients that are ready to quit. In the office setting, physicians recommend pharmacotherapy. If patients are also seen in consultation with the outpatient tobacco cessation program, any recommendation for pharmacotherapy must be approved. If the program consultation results in a recommendation for pharmacotherapy, a form with this recommendation is faxed to the provider. The form requires provider review and signature to endorse the recommendation and if necessary, a request to call in the medication to the pharmacy of the patient's preference. The roles of the cessation programs is to educate the patients about the impact of tobacco use for health, provide cessation advice, assess level of nicotine dependence, recommend the appropriate pharmacotherapy and assist with procurement of their written physician order and arrange follow-up to include adjunctive support with outpatient classes and PA Quit line for additional intervention if appropriate.

For more information, please contact Vickie L. (Zeiler) Fazio, BS, RRT at (717) 851-5549 or vfazio@wellspan.org

VIRGINIA

Alliance for the Prevention and Treatment of Nicotine Addiction (APTNA)

This nonprofit organization promotes and trains healthcare providers to use the Ask-Advise-Refer model of tobacco use cessation intervention with an emphasis on use of the state quitline. Sometimes, it's referred to it as the Ask & Urge model or "AU, the 'gold' standard of very brief interventions". Other promotion and training based on a more complete version of the 5As/5Rs is available. The Ask & Urge model is a "population-based" provider intervention model at it's most basic.

The role of the health care provider is to encourage and motivate the patient to call the quitline as well as to increase the patient's sense of self-efficacy by providing initial and ongoing support, promote the quitline by displaying posters, distributing handouts, pamphlets, cards, etc. or providing discharge instructions (the toll-free number and the services available are listed on these materials), provide prescriptions for cessation medications when needed, and be prepared to answer common questions by reading the PHS clinical practice guideline's "Quick Reference Guide", taking a one-hour online course or calling the quitline to ask counselors how to deal with patient issues.

Until the fax-referral system is in place, the provider is encouraged to assess tobacco use and refer all users to the quitline. Providers give patients the quitline number and ask them to make the call. Patients that are not ready to quit are encouraged to call the quitline so they can find out more about the quitline service and ask questions about tobacco use consequences, local resources, medications, etc. If patients indicate they might attempt to quit at a later time, providers are still encouraged to give them the quitline number and cessation information. The quitline counselor does a more thorough assessment and provides the intervention and materials appropriate to the caller's readiness and level of dependence. Providers also are encouraged to ask family members/significant others to call the quitline, talk to Quit Coaches about how to help their loved ones quit, and/or get printed materials.

The quitline counselor completes an assessment for pharmacotherapy, if the provider has not already done this. Then the counselor refers the caller to their insurance program for coverage information and/or to a local pharmacy for OTC medications or back to the provider if a prescription is needed. If the caller needs to consult with his/her primary care provider in order to determine which medication to use or what dose is needed, the Quit Coach provides the caller with basic information to take back to the provider to assist in that determination. The quitline does not provide pharmacotherapy. The patient must obtain a prescription from their provider.

The quitline's role is to assess the caller's interest and readiness to quit and engage the patient in the quitting process in order to proceed along the Stages of Readiness to Change and, ultimately, to pick a quit date and develop a quit plan. The quitline also provides stage-based quit materials and has a database of local programs they will refer callers to who are interested in attending a class. Materials, information and resources are available through the Smoke-Free Virginia website.

For more information, go to http://www.aptna.org or contact Janis M. Dauer, MS, CAC at (757) 858-9934 or mailto:jdauer@aptna.org

Virginia Commonwealth University: Student Health Services

All tobacco users that use the student health services are asked if they are interested in quitting.
If they are interested in quitting, they are given a free Quit Kit that contains "fun stuff" and educational information, including information on cessation medications and the 1 800 QUIT NOW phone line.

Students are encouraged to make a follow up appointment for evaluation for medications. This program does not refer out but does help about 150+ students work on cessation each semester.

There is a smoking cessation expert who functions like a diabetes nurse educator. If someone has some complicated or challenging factors, there is a local expert to finesse the problem. A "Tobacco Cessation Assessment Form" helps speed up the process. The form includes tobacco use and quit attempt history, challenges and barriers, a physical exam (blood pressure, height and weight), a management plan (education on behavioral strategies, quit kit, setting a quit date), medication assessment, and follow up plan (email, phone, interactive CD-Rom, "Journey of a Lifetime", on-line support, such as www.smokefreeVCU.org or www.quitnet.com, and dates to return for follow up).

For more information, contact Linda Hancock, FNP, PhD at (804) 828-7815 or lhancock@vcu.edu

OHIO

St. Luke's Hospital Inpatient Program

Nurses and other direct patient care providers are responsible for completing the "Ask, Advise, and Refer" portion of the intervention. They refer patients to trained tobacco dependence treatment specialists who then complete the remaining piece, "Assess, Assist, and Arrange". Nurses and other direct patient care providers are responsible for identifying patients who have used tobacco in the last year, advising them to quit or stay quit, and referring patients to the Tobacco Treatment Center. Currently, protocols for assessing pharmacotherapy are being worked on for inpatient use. If pharmacotherapy is indicated, nurses have been trained to discuss it with the physician. The physician is responsible for completing the prescription. The trained tobacco treatment specialists assess the needs of the patient and either refer or provide services as indicated. The treatment program provides self-help materials, group and individual treatment programs, and support groups.

For more information, contact Debbie Matthews, BA, RRT, RCP at 419-897-8449 ext. 8857
or E-mail: debra.matthews@stlukeshospital.com

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Ask and Act

The physician works as one member of a practice team. A Family Physicians (FPs) and/or another member of the team asks every patient about tobacco use, then acts to help them quit. That action can include: all five A's, referring a patient to a quitline, a web-based program, and/or other community resources, providing self-help materials, brief, intermediate or intensive counseling with or without follow-up visits and pharmacotherapy. This model doesn't dictate a specific level of assessment, but many FPs use the stages of change model or motivational interviewing. The assessment for pharmacotherapy varies depending on a patient's willingness to quit, as well as the structure of the practice and individual providers' knowledge and skill levels. The Ask and Act program educates physicians and their practice teams on the efficacy of pharmacotherapy and also makes suggestions on team approaches to helping patients quit. Practices can determine what works best for them. When it's determined that a prescription is the correct action, the FP or another member of the practice who has prescribing privileges is responsible.

For more information on the AAFP Ask and Act Tobacco Cessation Program, see www.askandact.org or contact Mary Theobald, MBA, at 816-331-5191 or mtheobal@aafp.org

Additional Comments:

NEW MEXICO

We've had several conversations about the 5A verses 2A approach. Out here in New Mexico, with vast land and few people, we still teach the 5 A's to our providers. The reasoning is that many of our providers are in rural settings where urban resources, even the basics like telephone and computer, are scarce. In rural medicine, providers need to know how to "do it all" because more often than not, they are the only resource for their patients.

WYOMING

In general, the Ask, Advise, Refer method appears to be better received by the physicians than the traditional 5A's model. Providers want to know how to approach the topic of quitting smoking, where to send patients for referrals, and various pharmacological interventions, but do not have time for anything else. If physicians are forced to do the 5-A's, we find that they simply won't intervene at all.

As part of patient intake process, questions about tobacco use or exposure need to be addressed. For a first time patient, these questions might be more detailed. For existing patients, it may be a single question that prompts the health care provider to ask if the patient is still using or exposed to ETS. Ideally, these questions should be incorporated into the vital signs.

Assessment should start at the front desk or with the nurse doing the vital signs. Simply asking if a patient ever considered quitting is a great start. The patient is then offered assistance in quitting (i.e. "would you be interested in trying to quit again with our help"). Patients should then be praised on any attempt they make. This builds trust and courage, and encourages them to try to quit again. Health care providers assess what medication is appropriate for each patient, since not all medications work for all patients. In most cases, people are unsure how to use NRT correctly. It's important to explain how to use these and other cessation medications. In addition, a patient may need more than one medication to help them quit. Generic gum and patches are relatively inexpensive, especially compared to tobacco. It is the healthcare provider's job to assure them that the medication is effective and provide safety information. Many times, people are hesitant to spend the money they would normally have used to buy tobacco to instead buy NRT.